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UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

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CYNTHIA ANNE DIVEGLIA

formerly CYNTHIA ANNE KAYLOR,

Plaintiff,

vs.

No. 1-CV-00-1342

NORTHWESTERN MUTUAL LIFE

INSURANCE COMPANY,

Defendant.

-----x

VIDEOTAPED DEPOSITION OF DR. PATRICK I. BORGEN

New York, New York

Friday, May 21, 2004

Reported by:

THERESA TRAMONDO

JOB NO. 160707B

ORIGINAL

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2 deposit." It means that breast cancer has not only
3 traveled but has begun to grow and proliferate.
4 That's how we describe "metastasis." And that
5 event, thankfully, has not been identified in
6 Ms. Kaylor.

7 Q. So the bone scans and the CAT scans and
8 blood tests that have been performed show no
9 evidence of metastasis at this point?

10 A. Right, as we've described, that's right.

11 Q. Doctor, do you agree with me that your
12 opinion that the reduction of stress could increase
13 the outcome of Mrs. Diveglia, that there is no
14 scientific proof of that opinion?

15 A. I think it would be extremely difficult
16 to prove measuring stress, quantifying stress,
17 quantifying stress reduction; quantifying the
18 immune system has proven to be very difficult for
19 the medical community, and so in terms of hard core
20 trial, clinical trial, not legal trial, evidence,
21 it has been difficult to do, so I agree with you
22 that that has been difficult. The clinical
23 observation that stress reduction has a good effect
24 is reflected in the fact that every cancer center I
25 know of has a stress reduction program. So you're

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2 correct that the evidence is debatable and soft,
3 and it's necessarily soft. Until we get concrete
4 ways to measure these things, it's going to be
5 tough. But certainly I'm far from alone in the
6 clinical observation that in aggressive bad breast
7 cancers with a guarded prognosis, everything should
8 be done and one of those things should be stress
9 reduction.

10 Q. Do you agree with me, Doctor, that would
11 be very difficult to quantify or separate the
12 stress from having cancer in the first place versus
13 work-related stress?

14 A. I think stress is stress. I think it's
15 additive, and certainly there is stress associated,
16 as we discussed earlier. There is certainly a lot
17 of stress with the cancer event itself, absolutely.

18 Q. And, Doctor, do you agree with me that
19 you've treated patients who have had high-stress
20 positions, were treated for breast cancer and
21 returned to work in their high-stress positions?

22 A. That has happened, yes.

23 Q. Would you also agree with me that some
24 of the treating physicians don't restrict their
25 patients from high-stress type of positions after

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2 NCI are trying to keep Americans healthier, and
3 it's our tax dollars that pay for this. The NCI
4 does its own research, it funds people like us to
5 do research, and occasionally it produces
6 guidelines or what are called "consensus
7 recommendations," where people in the field have
8 gotten together, put their heads together and
9 issued a statement. So that's sort of the role of
10 the NCI.

11 Q. And do you agree, Doctor, that I believe
12 the NCI has even funded some research of yours in
13 the past and I believe is currently funding some of
14 your research?

15 A. It's a very important source of funding
16 for us.

17 Q. And, Doctor, are you aware of the
18 position of the National Cancer Institute on
19 whether stress reduction would increase the
20 likelihood of no recurrence of cancer?

21 A. I know that it's a topic that they look
22 at frequently, and I know that it's been the source
23 of attempted studies. Because of what we talked
24 about earlier, that the metrics or the tools are
25 difficult to ascertain, the NCI has concluded that

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2 there is not enough evidence one way or the other
3 to recommend it. They are aiming at the larger
4 body of breast cancer patients. You can imagine
5 the disaster if all the women with breast cancer in
6 America took off of work, for example. There are
7 probably ten million breast cancer survivors in
8 this country right now. There are a quarter of a
9 million new ones each year added to the list.

10 So the NCI concluded that based on
11 studies that they had, they couldn't recommend it,
12 and I think in the aggregate I certainly would
13 agree with that. Like all government regulations,
14 you have the aggregate and then you have the
15 individuals, and we can't use those federal
16 statements to apply to every single patient, and
17 certainly they were not thinking of someone with 16
18 positive lymph nodes and a young person with an
19 invasive lobular cancer, with those particular
20 guidelines.

21 Q. Are you aware of any published
22 recommendations by the National Cancer Institute
23 regarding stress reduction and the risks of
24 recurrence?

25 A. I'm aware of research that they're

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2 funding, even stress reduction programs that
3 they're funding. So while their statement is "we
4 just can't prove it," they certainly have supported
5 it financially.

6 Q. Finally, Doctor, do you know who
7 Dr. Barbara Weber is?

8 A. I do.

9 Q. What is your professional knowledge of
10 her?

11 A. Barbara Weber is a researcher who has
12 spent much of her professional life studying the
13 genetics of breast cancer, and most notably two
14 genes, BRCA 1 and BRCA 2.

15 Q. And in your professional knowledge of
16 her, Doctor, is she respected in the medical
17 community?

18 A. I think as far as genetics goes, as far
19 as BRCA 1 and 2 go, I think she's absolutely a
20 recognized expert in that field.

21 Q. Doctor, at this point you're very
22 optimistic about the prognosis for Mrs. Diveglia?

23 A. It's probably the first time I've said
24 it, but yeah, I am optimistic about it.

25 MR. WOLGEMUTH: That's all the questions